

(0.49), lung function (0.44), and shortness of breath (0.43). These three features were chosen as the most important in more than 40% of their presentations. Being able to walk further and/or for longer was selected as the most important feature in 33.8% of presentations but the overall BWS weight (0.18) was low because the feature was selected as least important in 16.3% of presentations. Explanations given for the importance of benefit features often were interrelated, suggesting dependency between such outcomes. The least important features were needing a blood test before starting medication (−0.58) and mild skin reaction at injection site (−0.51). **CONCLUSIONS:** Positive clinical outcomes were prioritised over harms or administration features of a treatment in this sample. Patients may not differentiate between breathing symptoms and functional ability when evaluating treatments.

PRS59**PATIENTS' PRIORITIES FOR TREATMENT IN SEVERE ASTHMA**

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OBJECTIVES: Asthma is one of the most common and burdensome chronic respiratory diseases. This pilot study aimed to explore the priorities of patients with severe asthma in relation to treatment. **METHODS:** Interviews were conducted with 20 patients with self-reported severe asthma. Patients completed a brief best-worst scaling (BWS) exercise comprising 12 questions in which 17 features (benefits, harms, or administration features of an asthma treatment) were presented in sets of 5. On each question, patients indicated the most important and the least important feature when choosing whether to take a treatment. Frequency counts of features being selected as the most or least important were used to generate BWS weights for each feature. Weights ranged from −1 to +1, with a positive weight reflecting greater importance. **RESULTS:** The sample consisted of 6 males and 14 females, whose age range was 23 to 60 years (median: 38 years). BWS weights showed that the most important features were improved shortness of breath (0.33), improved lung function (0.33), and halving the number of moderate asthma attacks (0.27). These features were chosen as the most important in more than 25% of their presentations. Intravenous administration every 4 weeks, halving the number of severe attacks, and self-injection every 2 to 4 weeks also were selected as most important in more than 25% of presentations but the overall BWS weights were relatively low (less than 0.20) because these features were selected as least important in more than 15% of presentations. The least important features were mild skin reaction at injection site (−0.71) and needing a blood test before starting medication (−0.63). **CONCLUSIONS:** This sample of patients with asthma prioritised improved breathing, lung function, and reduced moderate asthma attacks over potential harms or administration features. There was significant heterogeneity in preferences for individual features.

PRS60**PATIENT-REPORTED OUTCOMES IN STUDIES PUBLISHED IN 2014: WHICH TOOLS HAVE BEEN MOST COMMONLY USED IN STUDIES OF RESPIRATORY DISORDERS?**

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OBJECTIVES: To determine which patient-reported outcome (PRO) tools were used in studies on respiratory diseases published in 2014. **METHODS:** An evidence surveillance process was established based on a systematic search of PubMed, incorporating all studies published from 2010 and updated weekly, with a final search on 18 May 2015. Abstracts identified by the search that reported quality of life outcomes in respiratory disorders were identified, based on ICD-10 classifications. Articles were included if they reported results or a study protocol from a primary research study or were a systematic review. PRO tools were identified from the abstract alone, where possible. **RESULTS:** The search identified 1,980 articles published in 2014, 1713 of which met the inclusion criteria. Of these, 171 (10%) were in respiratory disorders. Overall, 90 different PRO or clinician-reported instruments were used across 23 diseases, with 65 articles citing more than one tool. The most commonly researched diseases were COPD (60 articles), asthma (36), allergic rhinitis or rhinosinusitis (26), obstructive sleep apnoea (8) and bronchiectasis and cystic fibrosis (7 each). The St. George's Respiratory Questionnaire (SGRQ) was the most commonly used PRO tool, in studies of COPD, asthma, bronchiectasis and emphysema (36 articles), followed by the Asthma Quality of Life Questionnaire (13) and the Rhinoconjunctivitis Quality of Life tool (10). Utilities were measured in only 3 studies, with SF-36 used twice and EQ-5D once. The PRO used was not specified in 46 article abstracts: 20 of the 129 primary research articles, 3 of 7 study protocols and 23 of 35 systematic reviews. **CONCLUSIONS:** COPD and asthma were the most widely researched respiratory diseases in 2014, with the SGRQ the most widely used PRO. Utility values were rarely assessed directly, which, given the wide range of PRO tools used, provides a challenge to assessing and comparing cost-effectiveness of interventions across studies.

PRS61**SYSTEMATIC REVIEW ON THE CORRELATION BETWEEN LUNG FUNCTION OR EOSINOPHIL LEVELS AND QUALITY OF LIFE IN ASTHMA**

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OBJECTIVES: Asthma is an inflammation of the respiratory functions characterized by symptoms such as dyspnea, wheezing, sputum production and cough that can significantly affect quality of life. The objective of this review was to explore the evidence on the possible correlation between lung function (FEV1 or FVC or PEF) or eosinophil levels and quality of life in asthmatic patients. **METHODS:** A literature search was made using keywords such as "asthma", "eosinophil", "quality of life", and "respiratory function". The search was conducted in the electronic

databases MEDLINE, EMBASE and PubMed from January 2000 to February 10th, 2015. To be eligible, studies had to focus on asthmatic patients, include pulmonary or eosinophil measurements, and quality of life data. **RESULTS:** The review allowed retrieving 5,776 studies and 42 fulfilled the eligibility criteria. Twenty-five articles presented a correlation coefficient between lung function and quality of life. All, except one, conclude to a positive correlation between lung function and quality of life with R-values ranging from 0.008 to 0.790. Of the 25 studies, 36% obtained an R-value of 0.4 and over, indicating a weak to moderate correlation. Sixteen of these results were statistically significant. One article evaluated the correlation between sputum eosinophil levels and AQLQ and concluded to a non-statistically significant correlation with an R-value of −0.15. Fourteen articles did not evaluate the direct correlation between the parameters of interest but presented raw data of these parameters. Of these, 12 studies presented data that indicate a correlation between FEV1 and quality of life with an increase in quality of life score, when FEV1 increases. **CONCLUSIONS:** The correlation coefficients found in the systematic review indicate that when lung function improves, and possibly when sputum eosinophil decreases, the quality of life improves. Furthermore, non-correlation studies that look at the same parameters support this hypothesis.

PRS62**SYSTEMATIC LITERATURE REVIEW AND CRITICAL APPRAISAL OF THE SUITABILITY OF THE OUTCOME MEASURES USED IN THE IDIOPATHIC PULMONARY FIBROSIS**

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OBJECTIVES: Idiopathic Pulmonary Fibrosis is a rare fatal respiratory disease characterized by a decline in lung function leading to deliberating limitations on activity which may negatively impact health-related quality of life. There is limited research on the outcome measures of IPF. Systematically reviewed all the outcome measures used in the treatment of IPF and critically appraise the measures used to evaluate the treatment result of IPF with the aim of drawing conclusions regarding the suitability of these measures. **METHODS:** Conducted a systematic review from Medline, EMBASE, EBM reviews, NICE, HTA written in English between 2008 and September 2014. Data was extracted from the citation applying efficacy, safety and health-related quality of life outcomes in the selected studies. **RESULTS:** Lung function test is the most commonly used outcome measures. Exercise capacity and health-related quality of life are the secondly common outcomes used. Then mortality or acute exacerbation are the third most commonly used outcome measures. Dyspnea and health related quality of life measures have at least two scales of measures used at the same time. Each of the measurements are used either alone or in combination. The scale of measurement of mortality, survival, acute exacerbation vary accordingly. Mortality and survival are the most important outcomes to evaluate the efficacy of the treatment. Some studies used both of the mortality and survival, some used either one. **CONCLUSIONS:** The appropriate outcome measures in IPF are lung function test as Forced Vital Capacity 10% relative change at one year, exercise capacity 6-MWT with saturation measures, St. George's Respiratory Questionnaire along with SF-36. Overall survival combines with progression-free survival represent important treatment targets in IPF. All these measures are suitable and essential measures should be considered when investigating the new therapies. Assessing dyspnea scale with UCSD and HRCT scanning are appropriate but not necessary outcome measures.

PRS63**HEALTH RELATED QUALITY OF LIFE IN TB PATIENTS QUETTA, PAKISTAN**

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OBJECTIVES: This study aimed to assess the health related quality of life of TB patients in Quetta. **METHODS:** A cross-sectional study was conducted to assess the health related quality of life by administering a pre-validated questionnaire based on European Quality of Life scale EQ-5D was used to measure health related quality of life. Convenient sampling was used for gathering data along with facilitator to help and guide respondents who faced difficulty in filling it. SPSS 17 was used for Descriptive analysis to demonstrate patients' demographics. Inferential statistics (Mann-Whitney and Kruskal Wallis test, p<0.05) were used to evaluate the significance of study. **RESULTS:** The study population is dominated (55%) with females and mean age of respondents was 34.85 13 years. Majority (57%) of respondents were single and (86%) having urban residency. The mean EQ-5D descriptive score and EQ-VAS score were 0.53 0.22 and 64.84 15.7 respectively. The EQ-5D and EQ-VAS scores were influenced by demographic characteristics education level, occupation and income. **CONCLUSIONS:** This study revealed that health related quality of life in TB patients is Lower and EQ-5D (utility) scores were lowers as compared to EQ-VAS (perceived) scores. Respondents education level, occupation and income have impact on health related quality of life.

RESPIRATORY-RELATED DISORDERS – Health Care Use & Policy Studies**PRS64****ASSESSMENT OF KNOWLEDGE AND AWARENESS REGARDING ASTHMA AMONG SCHOOL TEACHERS IN QUETTA**

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OBJECTIVES: This study aimed to evaluate the level of knowledge and awareness of asthma among private and government schoolteachers in urban area of Quetta. **METHODS:** A cross-sectional study was conducted to assess the level of knowledge and awareness of asthma among teachers of 12 different schools by administering a pre-validated questionnaire which was developed in English